



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 26-2384
DATE PAID: 1-14-26
FEE PAID: 600.00
RECEIPT #: 238534

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Richard L. Brown EMAIL: richardbrown4570@yahoo.com

AGENT: _____ TELEPHONE: 404-310-4169

MAILING ADDRESS: 425 SW Woodcrest dr, Lake City FL 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [Y / N]

LOT: 59 BLOCK: _____ SUBDIVISION: Unit 2 Woodcrest PLATTED: _____

PROPERTY ID #: 11-4516-02905-359 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .51 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 425 SW Woodcrest dr, Lake City, FL 32024

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>carport</u>	<u>0</u>	<u>4845F</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Richard L. Brown DATE: 1-14-26

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..... PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See Attached

Notes: _____

Site Plan submitted by *[Signature]*

Plan Approved *[Signature]*

Not Approved _____

Columbia

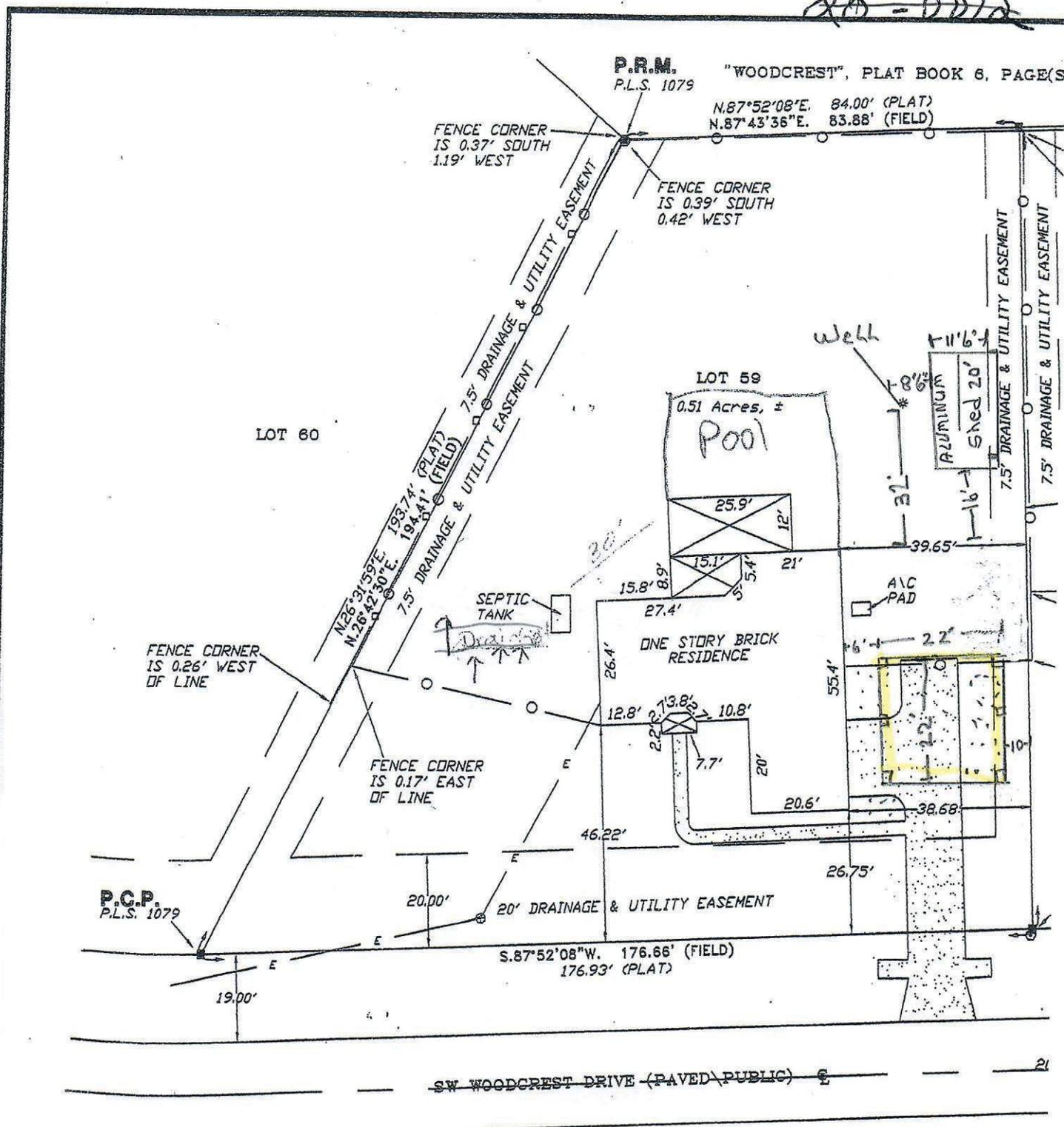
Date 1/2/20

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

26-0084
20-0012



CERTIFIED TO:

CHARLES A. & JENNY L. PERRY
ABSTRACT TRUST TITLE, LLC
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
USAA FEDERAL SAVINGS BANK

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA IN CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE, PUBLIC

08/01/16
FIELD SURVEY DATE

08/03/16
DRAWING DATE

FIELD BOOK: SEE PAGE(S): FILE

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFO